

LG209 Registration/Termination of Paid Gambling Employee**No Fee**

Provide information on only ONE employee per form.

Employer Organization

Organization name _____ License number _____

Employee Registration

1. Have you previously registered with the Minnesota Gambling Control Board? ____ Yes ____ No
2. Are you submitting information for a name or address change? ____ Yes ____ No
3. First name _____ Full middle name _____ Last name _____
4. Previous name(s) _____
5. Date of birth _____
6. Phone number _____
7. Mailing address _____
8. City _____ State _____ Zip code _____
9. Home address, if different _____

SIGNATURES

I declare that this registration is true, accurate, and complete, and all information has been fully disclosed.

10. Employee signature _____ Date _____
11. Signature of Chief Executive Officer or Gambling Manager _____ Date _____

Employee Termination

Organization name _____ License number _____

Employee name _____ Date of birth _____

____ Voluntary termination. Date of termination _____

____ Involuntary termination. Date of termination _____

____ Still employed but no longer paid. Date no longer paid _____

Signature of Chief Executive Officer or Gambling Manager _____ Date _____

When to use this form

1. when hiring a new paid employee,
2. when terminating a paid employee, or
3. when an address or name changes.

Paid employees who do not participate in the conduct of gambling, such as bookkeepers, accountants, and attorneys, do not have to complete this form.

Where to fax or mail

Fax to 651-639-4032 or mail to:
Gambling Control Board
1711 West County Rd B, #300S
Roseville, MN 55113

Questions? Call 651-539-1900.

Data privacy notice: The information requested on this form will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities.

Upon request this form will be made available in alternative format, such as large print or Braille.